



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Mail Stop	Amendment	Application Number	10/078,247
		Filing Date	February 14, 2002
		First Named Inventor	Paul A. Wender
		Art Unit	1654
		Examiner Name	Satyanarayan R. Gudibande
		Attorney Docket Number	8400-0013

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$ <u>60.00</u> <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - <u>    </u> Affidavits/declaration(s) <input checked="" type="checkbox"/> 1-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input checked="" type="checkbox"/> Drawing(s) - 15 Sheets <input type="checkbox"/> Compact Disk(s) - <u>    </u> CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s) (see remarks):  Claim Count <table border="1"><tr><td>Total Claims</td><td>35</td><td>- 35 =</td><td>0</td><td>0</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 2 =</td><td>0</td><td>0</td></tr></table>	Total Claims	35	- 35 =	0	0	Independent Claims	2	- 2 =	0	0
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Independent Claims	2	- 2 =	0	0								

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Carol A. Schneider, Ph.D., J.D., Reg. No. 34,923 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature	<i>Carol A. Schneider</i>	Date	December 13, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Yesenia Garcia	Date	December 13, 2005
Signature	<i>Yesenia Garcia</i>		